## Jefferson County Medicaid, Medicare & Third-Party Biller Compliance Program Annual Compliance Training Acknowledgment and Agreement

I hereby acknowledge that I have completed the Annual Compliance Training which provided information on Jefferson County's Medicaid, Medicare & Third-Party Biller Compliance Program and that I understand the contents thereof. I further acknowledge that I have received, read and understand Jefferson County's Code of Conduct, Code of Ethics (County employees only), and the Compliance Program policy. I agree to abide by the Code of Conduct, Code of Ethics (County employees only) and all Compliance Program requirements as they apply to my responsibilities as a County employee, contractor/subcontractor, volunteer or student.

I understand and accept my responsibilities under this Acknowledgment and Agreement and understand that any violation of the Code of Conduct, Code of Ethics (County employees only), or the Compliance Program is a violation of County policy and may also be a violation of applicable laws, regulations, rules or guidelines. I further understand that violation of these policies can result in disciplinary action, up to and including termination of my employment or contractual agreement with the County.

County Employees On	ly - Complete this	Section		· · · · · · · · · · · · · · · · · · ·
Full Name (printed):				<del> </del>
Job Title:				
Program Name:				
Supervisor Name:				
Employee Signature:			/_	/
Phone:				
	ompliance Officer , Jefferson, WI 53549	_	·	
Agency Name (If applicable):	•	-		
Full Name (Printed):				<del></del>
Job Title				
Signature:				
Date://				
Phone:				
E-mail:Mail this completed form with ye		\ 4		

Mail this completed form with your <u>original</u> signature (not a copy) to:

Barb Mottl, Compliance Officer

1541 Annex Road. Jefferson, WI 53549